



PTO/SB/17 (10-07)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/692,537
		Filing Date	October 24, 2003
		First Named Inventor	Lan Kluwe
		Examiner Name	Y. J. Kim
		Art Unit	1637
TOTAL AMOUNT OF PAYMENT	(\$) 705.00	Attorney Docket No.	NNFF-1 CON

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 06-1075 (Order No. 105195-0001) Deposit Account Name: Ropes & Gray LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
7 - 20 =		x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
1 - 3 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 100 =	/50 =	(round up to a whole number) x		=			
<b>4. OTHER FEE(S)</b>							
						<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month						525.00	
1806 Submission of an Information Disclosure Statement						180.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	61,315
Name (Print/Type)	Joanne M. Holland, Ph.D.	Telephone	(617) 951-7126
		Date	September 9, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 273858988 US, on the date shown below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: 9/9/08	Signature:  (Valerie J. Sarosky)



Application No. (if known): 10/692,537

Attorney Docket No.: NNFF-1 CON

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I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 273858988 US in an envelope addressed to:

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Valerie J. Sarosky

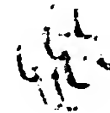
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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal (1 page)  
Amendment Transmittal (1 page)  
Amendment and Reply to Office Action (14 pages)  
Exhibits A and B  
Supplemental Information Disclosure Statement (3 pages)  
Form PTO/SB/08a/b (1 page)  
Copies of References (2) (CA-CB)  
Return Receipt Postcard





# AMENDMENT TRANSMITTAL LETTER

Docket No.  
NNFF-1 CON

Application No.  
10/692,537

Filing Date  
October 24, 2003

Examiner  
Y. J. Kim

Art Unit  
1637

Applicant(s): Lan Kluwe

Invention: METHOD FOR THE DETERMINATION OF DATA FOR THE PREPARATION OF THE  
DIAGNOSIS OF PHAKOMATOSIS

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month;					525.00
Submission of an Information Disclosure Statement					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					705.00

☐ Large Entity

☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 06-1075 (Order No. 105195-0001) in the amount of \$ 705.00.  
A duplicate copy of this sheet is enclosed.

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☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 06-1075 (Order No. 105195-0001) as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Joanne M. Holland, Ph.D.  
Attorney/Agent Reg. No.: 61,315

Dated: September 9, 2008

ROPES & GRAY LLP  
1211 Avenue of the Americas  
New York, New York 10036  
(617) 951-7126

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MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/9/08 Signature: Valerie J. Sarosky (Valerie J. Sarosky)